

Nevada State Board of Dental Examiners

6010 S Rainbow Boulevard, #A-1

Las Vegas, NV 89118

Telephone: (702) 486-7044

CONSCIOUS SEDATION PERMIT APPLICATION

Name: _____ License Number: _____

Dental Practice Name: _____

Office Site Permit ☐

Check box if you are applying for a Site Permit for this same office location as well.

Office Address: _____

Office Telephone: _____

Office Fax: _____

The following information and documentation must be received by the Board office prior to consideration for a conscious sedation permit:

1. Completed, and signed application form;
2. Non-refundable application fee in the amount of \$350;
3. Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of didactic education dedicated exclusively to the administration of conscious sedation and proof of successful management of the administration of conscious sedation to not less than twenty (20) patients; OR certification of completion of a program for specialty training (as recognized by the Board pursuant to NAC 631.190) approved by the CODA of the ADA which includes equivalent education and training in conscious sedation as noted previously;
4. Copy of current certification in Advanced Cardiac Life Support, or in Pediatric Advance Life Support if you have a current Nevada specialty license for Pediatric Dentistry;

I hereby make application for a Conscious Sedation Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer conscious sedation ONLY at the address listed above. If I wish to administer conscious sedation at another location, I understand that each site must be inspected and certified by the Board prior to administration of any conscious sedation. I understand that this permit, if issued, allows only me to administer conscious sedation. I also understand that this permit does NOT allow for the administration of general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of conscious sedation.

It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant _____

Date _____

APPLICATION FOR CONSCIOUS SEDATION ADMINISTRATION (PAGE 2)

Pursuant to NAC 631.2213(2)(a)(1) applicants not completing a program for specialty training (pursuant to NAC 631.190) which is approved by CODA of the ADA and includes education and training in the administration of conscious sedation equivalent to 60 hours didactic instruction dedicated exclusively to administration of conscious sedation, successful management of administration of conscious sedation to not less than 20 patients, and completion of ACLS or PALS course instruction MUST complete the following:

SUBMISSION OF NO LESS THAN 20 CASES OF CONSCIOUS SEDATION ADMINISTRATION

CASE LOG COVERSHEET

(LIST IN CHRONOLOGICAL ORDER BY DATE AND LABEL ALL SUPPORTING
CASE/CHART RECORDS BY PATIENT NAME OR NUMBER CORRESPONDING)

	DATE:	TIME:	PATIENT NAME/CASE	MEDICATION ADMINISTERED	
1					
2					
3					
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